

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037972

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 408L Registrar's No. 1726

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Carrollb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN TinaLength of stay in 1b  
Traveling.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Highway #65.Inside Limits  
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Boonec. CITY OR TOWN  
ColumbiaInside Limits  
Yes ☒ No ☐d. STREET ADDRESS  
300 Alford RoadReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First BILLIE D. Middle TRUMBO Last Jr.4. DATE OF DEATH  
Month October Day 13th Year 1962

5. SEX

M

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/1/1945

9. AGE (last birthday)

17

IF UNDER 1 YEAR

13 Months 12 Days

IF UNDER 24 HR

Hours  Min. 

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Military Nurse

10b. KIND OF BUSINESS OR INDUSTRY

US Army

11. BIRTHPLACE (City and state or country)

Kay County Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Billie D. Trumbo, Sr.

13b. MOTHER'S MAIDEN NAME

Anna Belle Smith

14. NAME OF HUSBAND OR WIFE

Carolynn Kay Trumbo.15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, or no, or unknown) (If yes, give war or dates of service)yes

16. SOCIAL SECURITY NO.

17. INFORMANT

Billie D. Trumbo, Sr.

Address

Columbia Mo18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MULTIPLE FRACTURES OF COMPLETE

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

BURNING X LESS, ARMS AND

DUE TO (c)

TOP OF SKULL

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE ☐HOMICIDE ☐20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Auto accident. cars burned.20c. TIME OF INJURY  
Hour  a.m.  p.m.

Month, Day, Year

3/4 mile south Tina Junction on #65 highway20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Tina

COUNTY

Carroll

STATE

Missouri21. I attended the deceased at CORNER CHALK and last saw her alive on 7/100 PM  
Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Charles E. Smith, M.D., Cor. 15th & 9th, Carrollton Mo10/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Burial10/16/62Memorial ParkColumbia, Mo

24. FUNERAL DIRECTOR

ADDRESS

25. DATE REC'D BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Clifford W. Austin F-H Tina, Mo.10-15-62Am. Albert Thies Moore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

MAR 5 1963  
DEC 21 1962

DEC 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Clyford W Austin*

Licensed Embalmer No. 3233

P. O. Address Tena Messaure

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.